

LABORATORY RESPONSE NETWORK
RECEIPT FOR PROPERTY RECEIVED/RETURNED

Case ID: _____ Date: _____ Page ____ of ____

	<input type="checkbox"/> Received from	<input type="checkbox"/> Released to <input type="checkbox"/> Returned to
Name (print):		
Organization:		
Street Address:		
City, State:		
Phone:		
Fax:		

Description of Property (identifier, number/quantity, and type/description):

Has this item been screened for radioactivity, hazardous chemicals and explosives? ☐ **Yes** ☐ **No**

Received from: (Sign/date)
Received by: (Sign/date)

Attach Chain of Custody form; refer to Guidance for Proper Use of Chain of Custody Forms.
Attach additional pages as required. LRN Form: 0001
Modified by Louisiana Office of Public Health Central Laboratory 08/03/2004